

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P99000054672

1. Corporation Name

HELEN MARTIN NEWBOLD, P.A.

Principal Place of Business

Mailing Address

3434 4TH ST NORTH
 STE 9
 SAINT PETERSBURG FL 33704

834 39TH AVENUE NORTH
 ST. PETERSBURG FL 33703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

400 11TH AVE NORTH

Suite, Apt. #, etc.

~~SUITE B~~

City & State
 ST. PETERSBURG, FL

City & State

Zip
 33701

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/15/1999

5. FEI Number

59-3583262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NEWBOLD, HELEN MARTIN	834-39TH AVENUE N.	ST. PETERSBURG FL 33703
			750.00 - AR 300005763499--1 -06/12/02--01067--009 ****750.00 ****750.00
			150 88.75 - ARSUPP
			300005763499--1 -06/12/02--01067--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWBOLD, HELEN MARTIN
 834-39TH AVENUE N.
 ST. PETERSBURG FL 33703

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

HELEN MARTIN NEWBOLD
 REGISTERED AGENT MUST SIGN

Date

4/29/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

HELEN MARTIN NEWBOLD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

FILED

02 MAY 31 PM 1:42

SECRETARY OF STATE
 REINSTATEMENT



01-02

CR2E040 (8/01)